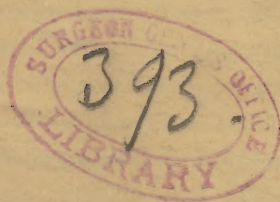


DALAND (J)

Dilatation of ureter x x x x x

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Chronic interstitial
nephritis x x x x x





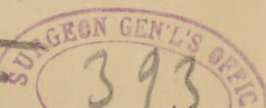
*Dilatation of ureter and hypertrophy of the bladder.*Exhibited by Dr. J. DALAND.

M. S., æt. 9 years, female, white. In 1880 had scarlatina, since which time she has complained of polyuria, frequent micturition, thirst, gradual loss of color and strength, slight irregular fever, rapid pulse. Usually passed four to six pints of urine daily, and examination of that secretion showed a moderate amount of albumen, no sugar, moderate amount of pus, no blood or tube casts. There was a temporary improvement and then she became feverish, pulse rapid, vomiting. Remarkable over-action of the heart. She gradually grew worse and died.

Autopsy, two days after death.—Kidneys small and shrunken. Left kidney measured two inches in length, and one and three-quarters inches in width. The calices, infundibula, pelves, and ureters were all enormously dilated. In places the ureters measured one inch in diameter. The walls were remarkably thickened, chiefly due to hypertrophy of the muscular coat. At the beginning, and just before they terminated in the bladder, the lumen of the ureters suddenly diminished, though still considerably larger than normal. The mucous membrane of the whole urinary tract seemed thickened. The vesical mucous membrane was covered all over with small grayish spots. These pigmentations may have been due to old ecchymoses.

The bladder was greatly enlarged and its walls thickened. Here, too, the muscular coat seemed the chief cause of the thick walls, which, in places measured two or three lines. The capacity of the bladder had increased fully threefold. The mucous membrane seemed slightly thickened. Urethra normal. There was no calculus and no history at any time of urinary obstruction. The sequence of events seems to me to have been somewhat as follows: After the scarlatina in 1880,

presented by the author



excessive urination occurred, and, this persisting, necessitated an increase in the capacity and thickness of the walls of the bladder, and consecutively the same condition in both ureters and pelves. Frequently she would void more than a pint of urine at one time. The heart showed simple hypertrophy. The remaining organs were normal. The brain and spinal cord were not examined.

May 27, 1886.

Chronic interstitial nephritis, with enormous dilatation of the right pelvis, without apparent cause.

Exhibited by Dr. J. DALAND.

A. H., merchant, white, æt. 55, married. For some years past he had intermittent albuminuria and occasional hyaline tube-casts. He emaciated rapidly, and soon became markedly anæmic. After ceasing work and carrying out a very careful plan of treatment he improved rapidly, and in eighteen months was in excellent health, though the urinary condition still persisted. Feeling so well, he returned to active business life, and was soon overworking himself as he had done before. Soon it was noticed that his strength, flesh, and color began to fail, and this condition progressed, with slight fluctuation, until his death. This case was not under my observation during life, hence this imperfect report.

Autopsy, twenty-eight hours after death.—Body emaciated; rigor mortis moderate.

Lungs highly cedematous and congested; bronchial mucous membrane in a condition of chronic catarrhal inflammation. Slight old pleuritic adhesions on both sides. No pleural effusion.

Heart normal in size, rather pale in color; consistency normal. The anterior mitral leaflet was rather thickened and shortened, the remainder of the valve normal. No pericardial effusion.

Liver pale in color, but normal in size and consistency. The hepatic, cystic, and common bile-duets pervious.

Spleen and pancreas normal.

Stomach showed marked evidence of chronic catarrhal gastritis. The small and large intestine, including the appendix vermiformis, normal. The transverse colon was filled with soft feces which, during life, were mistaken for a cancerous tumor.

Kidneys: The left kidney was elongated and narrow, measuring four and a half inches in length and two inches in breadth. In places the capsule was adherent; cortex rather thin; consistency increased. In certain portions of the kidney the changes due to chronic interstitial nephritis were more marked than in others; this was particularly true in the superior third of the kidney. The pelvis of the kidney was enormously dilated, but there was no obstruction in either ureter, bladder, or urethra. No calculi were found, and the mucous membrane was normal. The right kidney was in the same condition as the left, but to a less degree. The right pelvis and ureter normal. No retention cysts. The suprarenal bodies and abdominal glands were normal. The brain and spinal cord not examined.

January 27, 1887.

